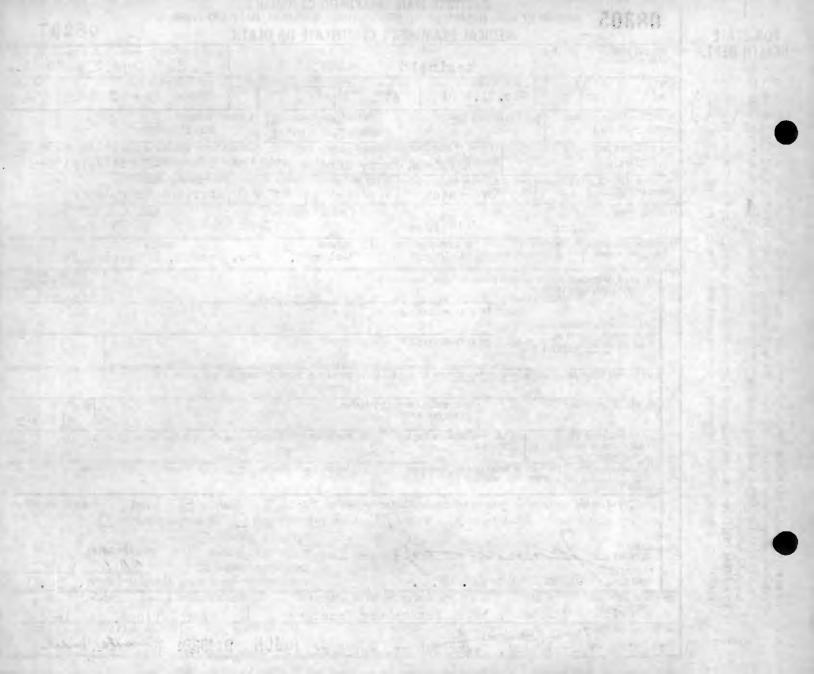
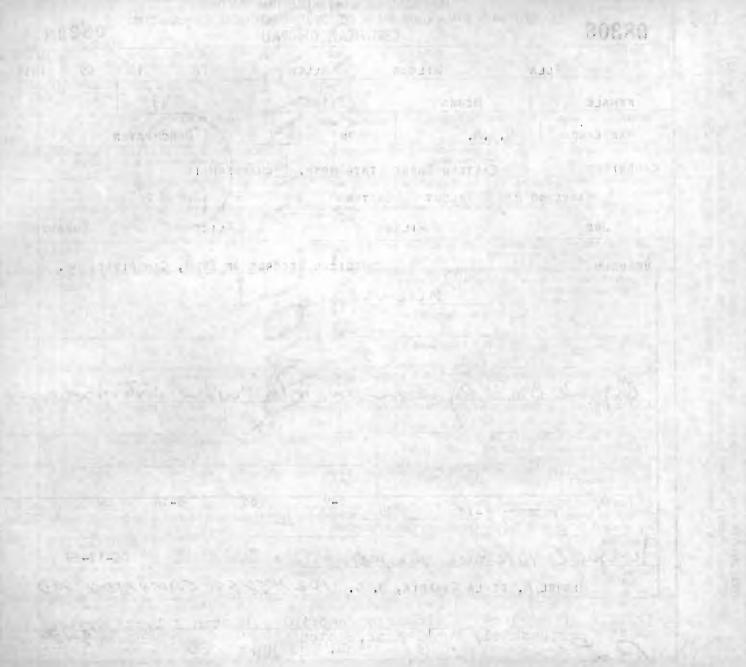
08305 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08297 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First Lost 20. DATE KNOWN X Month Doy 2b. HOUR Yeor (Type or Print) 8A . M Reginald 3 to Page ROYAL June ALDRIDGE O DEATH MATED IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE In years 2c DATE PRONOUNCED DEAD 2d. HOUR 2, and PM3. F portme Dec. 27,1901 Male Negro 9A M Yeor 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office along with form countMaryland USA Dorchester Give Pages 1 WIDOWED S DIVORCED [" 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Hurlock thing host of morning life exertif thingst Ferry Road 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY rchester admission) MATEV land Hurlock YES K NO Harrison Ferry Road 24 haurs Mem ofter Middle IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First First Middle Emma Aldridge Thompson Robert .= farwarded to the Chief Medical Examiner's poges haurs 160, WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 166. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Unknown Evelyn G. Cooke, Yeadon, Pennsylvania File APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Concestive beart failure Instant DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), any pinous the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ pup certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) D writing remayal. nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate, YES 🗔 NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 9 should 4 shauld PRIMARY OR CONTRIBUTING HOUR A.M. cremation. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE HOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X Inquiry and in my apinian the funeral director. death resulted fram: Natural causes X . Accident ... Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 225. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER (XC) may t 5 may 10 FUNE EXAMINER'S John Mace Jr. NAME (Type) ADDRESS(Street, city, town, or county) Cambridge. Md. 230. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Petersburg Cemetery June 6, 1969 Near Hurlock, Maryland 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 20 Janes VR A15ME (5) DATE 1969 Framptom Fineral Federalsburg, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



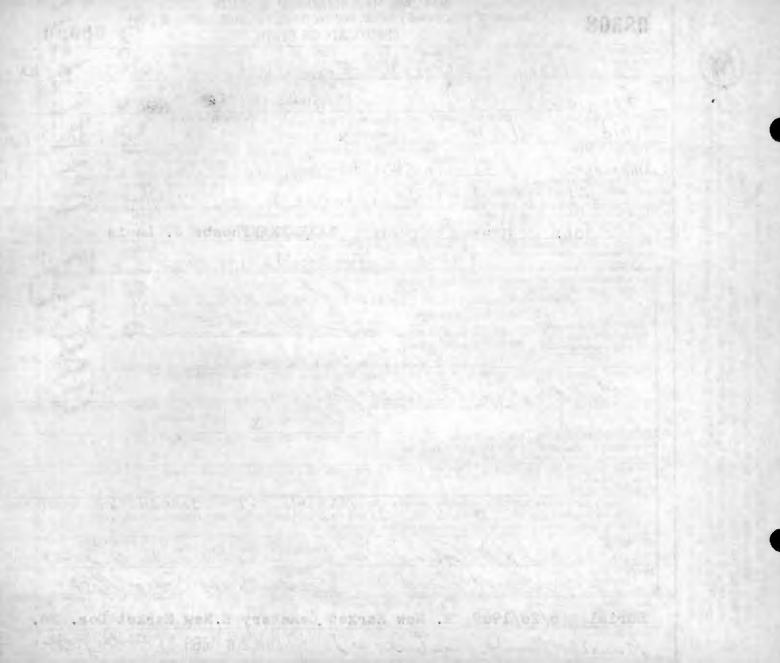
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ro Hospital or Page 4 may be ro Funeral Diri director, page 3 should be filed v	230.	BURIAL, CREMATION, 23b.		23c. NAME OF C	EMETERY OR (REMATORY	230	d. LOCATION	(City or Tox	wn)	(County)	(Stote)
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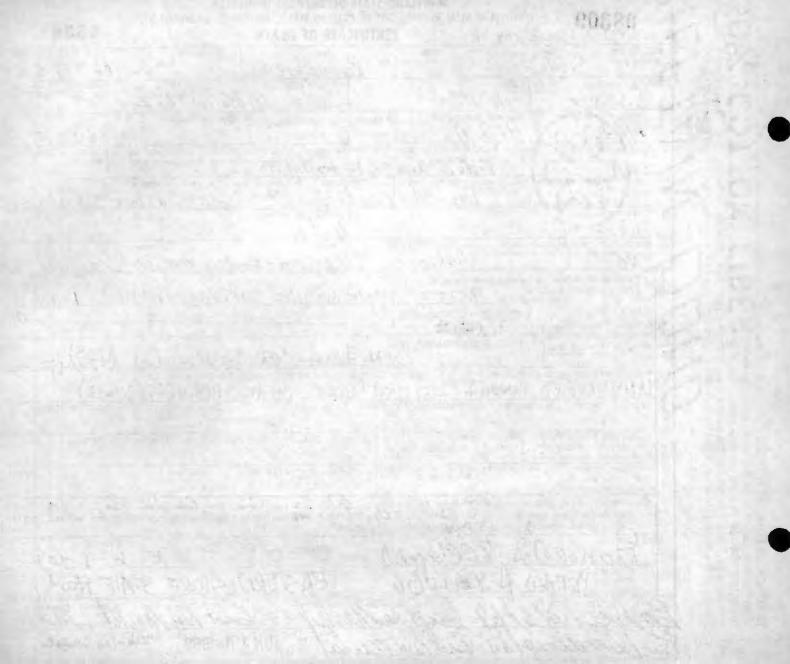
1	MARYLAND STATE DEPARTMENT OF HEALTH 08307 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		08299
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month DOT ESTI- OF ESTI- DEATH MATED June (
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JTY please erol direct be retain RAL DIRE	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined monner . ACTUAL SIGNATURE	IGNED 69
necessor the fun 5 may 0 FUNE Health	NAME (Type) John Mace Jr. M.D. ADDRESS(Street, city, town, or county) Cambridge	
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VR A15ME (5)	LeCompte Funeral Service, Cambridge, Maryland DAJUN 1 1 1969 Country Compter Funeral Service, Cambridge, Maryland	

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DING J by t After f be c		22a. I certify that (I) (this hospital) atte	nded the deceased fro	m MAY 14, 19	69, to June 24, 1 pinian death occurred on the	19 <u>69</u> , that (1) (we) last
Page 4		saw the deceased	alive on	-24-196	Z, and that in (my) (our) of	pinian death occurred on the	date and haur and fram the
ATTER ATTER CTOR: should iff th			ve, (I) (we) (did) (did not) view the bady	after death.		
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OR ATENDING PHYSICIAN: De retained by the haspital ar DIRECTOR: After this certificate ge 3 shauld be detached for us led with the State Dept. of Health		22b. GIGNATURE		22c. D	ATE SIGNED
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AL Day to the page of file		22d. PHYSICIAN'S	22 ADDRESS 1	111 0 = 5-15	-1/0
d be		NAME(Type) DUKED H. CELLOGG	EASTERN	SHORE STATE	E HOSY
TO HOSPITAL OR ATTENDING PHYSICIAL Page 4 may be retained by the haspital TO FUNERAL DIRECTOR: After this certifical director, page 3 should be detarhed for should be filed with the State Dept. of H	230	BURIAL (REMATION, 23b. DATE / G. NAME OF CEMETERY O	CREMATORY A GOO.	LOCATION (City or Town)	(Gunty) Castoje)
5 5 5 5 V	10	wear 1 4 6/01 strass nawn	arkel &	est New Mark	I Ma
VR A15 (4) 0	24.	UNERAL DIRECTOR ADDRESS (ADDRESS)	250. PECID BY REG	STRAR 25b. REGISTRAR'S	GNATURE
45M - 1/89K	k	to Der Money by Oest Min Min	ACI DATE UN !	1303 K	1



01	_			DIVICION OF	MARYLAI VITAL RECORDS			ENT OF HEAD		D 01001		
		08310		DIVISION OF			CATE OF		KE, MAKILAN	D 21201	083	0.00
1		CEASED NAME	First		Middle		Last		D. DATE OF DEATH		- B-51	2b. HOUR
	(1	ype or print)	HERMA	M	HAMILTON		CEPHAS	S	JUNE	nth 23	1969	M
	3. SE	X		4 RACE			S. DAYE OF BI	-	6. AGE	(In years	IF UNDER I YEAR	R IF UNDER 24 HRS.
l		MALE			NEGROID		JULY	14. 1883	3 1057 5	oithday) 5 YRS	MONTHS DAY:	YS HOURS MIN
	70. E	IRTHPLACE (State or fo	oreign 7	b. CITIZEN OF W	HAT COUNTRY?	8 MARRIED	NEVER MAR	RIED 9. CC	OUNTY OF DEATH			
1	ÇOUII	MARYLAND			SA	WIDOWED		CED 🗍	DORCHES			Md
ì	10 C	ITY OR TOWN OF DEAT		11. N	AME OF HOSPITAL OR II	NSTITUTION (IF	nat in hospital	120 USUAL OC	CUPATION (Kind o	f wark done	12b. KIND (INDUSTRY	OF BUSINESS OR
ı		CAMBRIDGE		gert	street address) 616 WASHI	NOTIFE S			t warking life, eve ABORLR		INDUSTRI	
	13a admi	USJA, RESIDENCE (Wh	ere deceased	lived, if nstitut	han Residence before			YES NO NO	13e STREET AN			
ı		MARYLAND		DORCH	ESTER.		RIDGE		616 1	VASHIGI	TON ST	
ı	14.		rst	M'ddle	Last			DEN NAME First		Middle		Lost
ŀ	1Äa	WAS DECEASED EVER I		D EVBCCO	PINKE'		IM/ INFORMANT	ARY		Address	CEPH	IAS
1	γ.	es, no, or paknown)		or dates of service)	217-10-8			CEPHAS	616 WAS		N ST.	21613
ł			f /fates and				A TTECHTON	OTITION.	OTO MA	MILGINIO	APPRO	OXIMATE INTERVAL
1		18. CAUSE OF DEATH VI			ardiac De		ention o	due to			GETWEEN	N OWSET AND QEATH
ı		1:	IMMEDIATE		AS A CONSEQUENCE OF		Sa OLOII (246 60				
		Conditions, if any, wh			oronary h		isease					
		rise to immediate constants the underlying			AS A CONSEQUENCE OF							
-		lost.	ng couse	(c)								
1		PART 2 OTHER SIGNII	FICANT COND	ITIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED 1	O THE TERMINAL	DISEASE OR CONDI	ITION GIVEN IN PAR	T I(o)		
	NO											
	CERTIFICATION	190. DATE OF OPERATIO	N 196 CC	ONDITION FOR WE	HCH OPERATION WAS P	ERFORMED	20a. AUTO		20b IF YES, WE CAUSES OF DEA		ONSIDERED IN	CERTIFYING
١	ERTIF	OL ACCIDENT WAS	INDER VINC	Ton Time o			YES 🗆	NO 🔼				
1		210 ACCIDENT WAS I		HOUR A.M.	Month Doy Yea	r 216. F	OW INJURY OCC	URRED (Enter not)	ure of intury in Pai	t t ar Port 2,	item 18.}	
J	MEDICAL	(If either, notify medi 21d INJURY OCCURRE	col exomine	r) P.M.		NCTORY 3 PAGE 1	DCATION Char	4 BCD N-	Ch T.		Country	State
1		While Nat while	7 218 7	DACE OF INJURY	AT HOME FARM, STREET F. DEFICE BUILDING, ETC.	ACION., J 211 L	UCATION Stree	TOTIK F.D. MO	City or Town	1	County	21016
ı		22a certify the	nt (I) (this	hasnital) att	anded the decen	and frame	larch 5	, 19 60	o to June A	-2, 10	69 th	ot (I) (we) lost
ı		22a. I certify the saw the dec causes state	eased all	/e o/17	(23 ; deceo.	19	d that in (m	y) (our) opinian	n death accurre	d on the da	te and hav	or (1) (we) lost
ı			ed abave,	(I) (we) (d of	(did nat) view the	bady ofter	death.					
4		22b SIGNATURE	Zeli		/	br o	ATTENDIN REE PHYS	IG MED.	TOR STAFF	22c.	DATE SIGNED	1, 1969
-		22d PHYSICIAN'S		2		DEG	REE PHYS		OR PHYS	٠ ا ٠	uno an	7, 1303
/		NAME (Type)	J. ZON	IN FASS	ETT. M.D.		1		r. CAMBI	emer.	Marrala	and 21613
	73a	BURIAL, CREMATION,	23b DA		23c NAME OF	CEMETERY OF			d LOCATION (City		(County)	(State)
	200	REMOVAL (Spenfy)		6/28/69		BETHEL			CAMBRIE		DOR.	MD.
	24.	FUNERAL DIRECTOR	, 0	1	STOR	MIR F.	HOME	25a. REC'D BY REC	GISTRAR 25E	REGISTRAR'S	SIGNATURE	
U	-	Tudinik	, 1.	XIXERU	CAMBR	IDGE.	MD.	JAIN 3 O	1969 4	Clemel	y Joseph	.30



1 1	MAKTLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	08311 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08303
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month	
	(Type or Print)	
is to ge		e 8, 1969\$4:05MP
est de man	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (in years lif JNDER 18AR III JNDER 24 HRS 2C. DATE PRONOUNCED DEAD lost birtholey) MONTHS DAYS HOURS MIN Month Dov	2d HOUR
	Male White 6-25-51 17 YRS June 8	Year 19 69 4:05/10
any delay is 2, and 3, to	TO BIRTHPLACE (State or foreign To CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED N. COUNTY OF DEATH	
5 = - 5	Maryland USA WIDOWED DIVORCED Dorchester	Md
th th fa	10 CITY OR TOWN OF DEATH I) NAME OF HOSPITA, OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done)	126 K ND OF BUSINESS OR
BATIMORE, Md. 21201 M laurs after death If any dele of them 18. Give Pages 1, 2, and 9 Office alang with farm pross is I and 2 with the State Departments	Cambridge, Maryland give street oddress) Cambridge-Maryland Hospital Cambridge Cam	INDUSTRY
er er ng ng hit.	130 LSUAL RES DENCE (Where deceased lived if institut on Residence before 13c CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER	
AORE, N rs after 18. Giv e atang	odmiss on) STATE Maryland 130 (OUNTY Anne Arundel YES NO K Rt. 8 Box 22	20
BATIMORE, Md M laurs after d n riem 18. Give y Office along w s I and with the s after leath.	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Roy F. Childs Thelma	Mills
thin 24 Jauri acil in hem maer's Office pages Land	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, nq, gr upknown) (Hyus give war or dates of service)	
301 W. PRESTON STREET, rauld be executed withward "pending in pendil the Chief Medical Examined rial-transit permit. File page any event within 72 hour	Records - Cambridge Maryland F	
1.5	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
urte g real real	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) / Cardiorespiratory Collapse	3 hours
XES: Xec Idin Aed Aed	DUE TO OR AS A CONSEQUENCE OF	
e e e e e e e e e e e e e e e e e e e	Conditions, if only, which gove) (b) Massive Bile Peritonitis	1½ days
tol W. PRESTON STR auld be executed with ward "pending in pe he Chief Medical Exar ial-transit permit. File any event within 72	rise to immediate couse (a). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	Les days
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, "AL EXAMINER: This certificate shauld be executed withwarexcute the certificate, writing the ward "pending in pencil in Page 4 shauld be farwarded to the Chief Medical Examined for your files TOR: Page 3 shauld be used as a burial-transit permit. File page usel, chematon, arritemayal, and in any event within 72 hours.	lost (c) Traumatic Transseltion of Duodenum	11s days
ORDS, 3 cate shing the veel ta the	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p)	
VITAL RECORDS, This certificate sl cate, writing the se farwarded ta		
RE PETER VEIT WAIT WAIT WAIT WAIT WAIT WAIT WAIT WA	190 DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION WAS PERFORMED? Exploratory Lap. 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, I've	20 ALTOPSY?
OF SE	WAS PERFORMED? Exploratory Lap.	YES [NO XX
The project of the pr	Exploratory Lap. 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite	m 18}
SION OF VITAL RECOI AINER: This certificate, writing shauld be farwarden files 3 shauld be used as fation, arriemaval, a	PRIMARY NOR CONTRIBUTING HOUR A.M. 3AM CAUSE OF DEATH PM 6-7 PM 6-7 PASSENGER IN CAR Which strue and the strue	ick wall
ON CON CON CON CON CONTROL CON	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
EXAMINER: Ute the certificate of shauld your files Page 3 shauld chefination, o	while not white foctory office bu ding, etc) AT WORK AT WORK AT WORK Highway Route 50 Cambridge I	Oorchester Md.
DIVISION OF TO DEPUTY MEDICAL EXAMINER: necessary, please execute the certi- the funeral director Page 4 shauld 5 may be retained for yaur files 10 FUNERAL DIRECTOR: Page 3 shaul Health, prior to bur,al, cheftaction,	220. I certify that I took charge of the remains described above, held an Autopsy , inspection 💢, Inquiry	
CAI Figure 1	death resulted from Natural causes 🔲 , Accident 🗓 , Suicide 🔲 , Homicide 🔲 , Undetermined manner	
MEDIA please I direct retaine or ta b	CHIEF MEDICAL EXAMINER	
O DEPUTY MEDICA necessary, please ex the funeral directar 5 may be retained 5 FUNERAL DIRECTO	SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 22b. DATES	IIGNED
E Se	EXAMINER'S DEPUTY MEDICAL EXAMINER AND JUNE	9, 1969
O DEPUTY necessary, the funeral 5 may be in 6 FUNERAL Health, pm	NAME (Type) John Mace Jr. ADDRESS(Street, city, town, or county)	
o nec	230 BURIAL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(Spote)
	BURITE 6-12-69 HILLCREST HOWARALIS H.	H. MD.
VR A15ME (6)	250 RECIDENT ADDRESS 2 250 RECIDENT REGISTRANT 250 REGISTRANT S	
10M - 1/69	John M. 7/04 Tort four Chinopolis, Md. DATEJUN 1 2 1968 Polism	itas Judge
1100		h, s



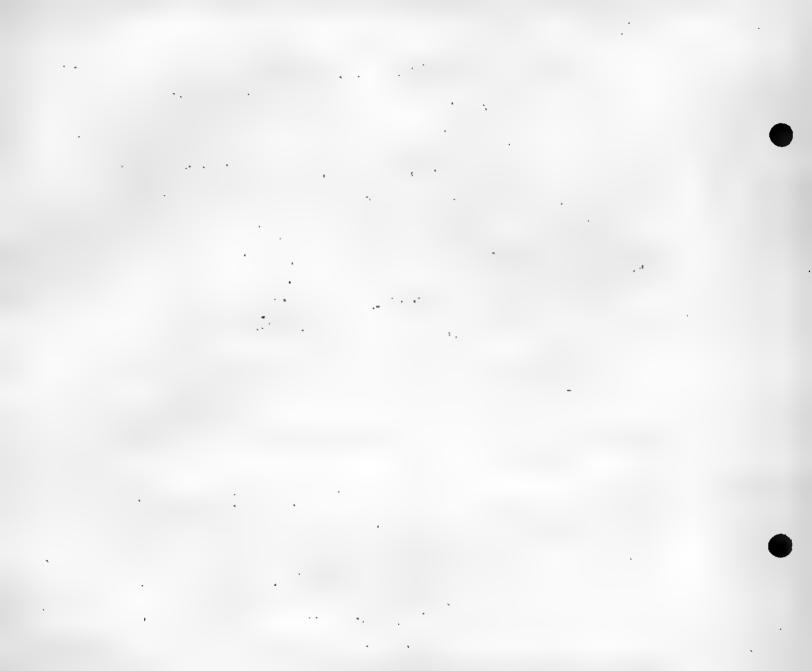
	08312	DIVISION OF V		1 W. PRESTON STREET, BALTI RTIFICATE OF DEATH	MORE, MARYLAND 21201	08304
	AT THE STATE OF TH	garet	Middle Adams	clarke	20. DATE OF DEATH June	14 14969 6A M
	Female	4 RACE Whit	e	S. DATE OF BIRTH 8/1/1889	6. AGE (In years last bythday)	IF UNDER 1 YEAR F JINDER 24 HRS MONTH'S DAYS HOURS MIN.
П	o BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT	. v	/IDOWED DIVORCED	9. COUNTY OF DEATH Dorchester	Md
	0. CITY OR TOWN OF DEATH Cambridge	90em	-	d. Hospital duriNos	N OCCUPATION (Kind of work do	ne 12b. KIND OF BUSINESS OR INDUSTRY
- I	30 USUAL RESIDENCE (Where declarission) STATE Md.	eased lived, if institution	Residence before C	e EITY OR TOWN ambridge YES X NO		End Ave.
1	4 FATHER'S NAME First Horace		Roberts	IS. MOTHER'S MAIDEN NAME FI	irst Middle	Last
	YAR O OF UNKNOWN) (Fyes 9	ARMED FORCES? No war or dates of service)	b. SOCIAL SECURITY NO.	17. INFORMANT Arthur L. Cl	arke Item 13	
	18. CAUSE OF DEATH (Enter PART s. DEATH WAS CAI			ompensation		APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
İ	Conditions, if only, which go	DUE TO, OR AS	CONSEQUENCE OF Arteriosc	lerotic CVD		
	rise to immediate cause (c stoting the underlying cau last.	11.1	CONSEQUENCE OF Emphysema			
		CONDITIONS CONTRIBUTIN	g to death but not r	ELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
	19a. DATE OF OPERATION 1	%. CONDITION FOR WHICH	OPERATION WAS PERFO	RMED 20a. AUTOPSY? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	20b. IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF Off either, notify medical exceptions 21d inhurry occurrence 12	DEATH HOUR A.M.	IJURY Manth Doy Year 19	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part	2, Item 18.)
	While Not while	TO. PLACE OF INJURY (AT	HOME, FARM, STREET FACTORY FICE BUILDING, ETC.			County State
١	22a. I certify that (I) saw the deceased	this hospitely attendalive on June	ded the deceased 4, 196919	fram April 15, , 19 , and that in (my) (aur) apidy y after death.	_69 taJune 4., nian death accurred an the	19_69_, that (I) (we) last date and haur and fram the
,	22b. Signature	194, (1) (we) [did] (di	d nat) view the bac		IED. STAFF IRECTOR PHYS.	22c. DATE SIGNED June 5, 1969
	22d. PHYSICIAN'S NAME (Type) J. E.	DAIN FASSET	T M D	22e. ADDRESS	INCCOME THIS.	
-	230 BURIAL, CREMATION, 23	b. DATE	23c. NAME OF CEM	ETERY OR CREMATORY	St., Cambridge	(County) (State)
ŀ	BENDYA (Set fy) 24 FUNERAL DIRECTOR	6/6/1969	ADDRESS		Y REGISTRAR 25b. REGISTRA	orchester Md. ARS SIGNATURE
إذ	Terriell R	how Gamb	ridge Md	. 21613 DATE UN	9 1969 /	med Judge

MAKILAND SIAIE DEPAKIMENI OF REALIN



111	1		08313	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALT	TIMORE, MARYLAND 21201	
14			0.097.9		CERTIFICATE OF DEATH		08305
	er death. funera! I and 2 er death.		CEASED-NAME ype or print)	1841 Rhode	s Collison	20 DATE OF DEATH Month	Day 25 Year 7 2b. HOUR M
	The state of the s	3. SE	Male	4. RACE White	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
•	in 24 hours	70. I	BIRTHPLACE (State or foreign itry)	76. CITYZEN OF WHAT COUNTRY?	8. MARRIED THEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH	ester ma
	within 24 filled opn pape	10 (TY OR TOWN OF DEATH	11 hable OF HOSPITAL OR give skeet address)	INSTITUTION (If not in haspital 12a US). during n	IAL OCCUPATION (Kind of work dor nost of work of life, even it betired	12b, KIND OF BUSINESS OR INDUSTRY
	ecuted very control of the control o	13e adm	USUAL RESIDENCE (Where decision) STATE	teosed lived, if institution: Residence before 13b COUNTY		1.0 1.76. STREET AND NUMBER	
	be executed and a second of the second of th		ATHER S NAME First		IS. MOTHER'S MAIDEN NAME	First Phones	Collison
	e death certificate b attending physician permit. Then please an, ar removal, and in	160. Y	WAS DECEASED EVER IN U.S. Aces, no. or unknown)	ARMED FORCES?, 16b. SOCIAL SECURI	TYNO WYS PALL	Collison, Rico	ohview, Md
	ath cer nding p it. The		8. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	r anly one cause per lane far (a), (b), and USED BY: EDIATE CAUSE (a)	ima of lune	with	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	it the death the attendii sit permit. natian, ar re		162 / Conditions, if ony, which gov	DUE TO, OR AS A CONSEQUENCE		stases	2 years
	quires that physician. signed by th burial-transi		rise to immediate cause (a stating the underlying caus last.		OF		
2	The law requires the attending physician has been signed by se as the burial-train hariar to burial, cre the priar to burial, cre	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
100	The law ratending has been se as the h priar to	CERTIFICATION	19d. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS	F PERFORMED 200. AUTOPSY? YES \(\begin{array}{ccc} NO \\ \ \ \ \ \ \ \ \ \ \ \ \	20b IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
•	CIAN: Jital ar hificate af far us	MEDICAL CER	210 ACCIDENT WAS UNDERU ☐ OR CONTRIBUTING ☐ CAUSE OF I (1f either, notify medical exc	DEATH HOUR A.M. Month Doy Y		er noture of injury in Part 1 or Port	2, Item 18.)
	s PHYSICIA the haspital this certifical detached fa e Dept. of H	ME	21d INJURY OCCURRED 2 While Nat while	216. PLACE OF INJURY (AT HOME FARM, STREET OFFICE BUILDING, ETC.	, FACTORY.) 21f. LOCATION Street or R.F.D. N	,	County State
			22a. I certify that (I) (saw the deceased	(this haspital) attended the dece	ased from JUINE , 19 1967 , and that in (my) (our) o he bady after death.	67, ta Vunc 45, pinian death accurred an the	19 <u>6</u> 7, that (I) (we) last date and haur and from the
	R ATTI e retain RECTOR 3 shau d with t		22b. SIGNAPORE	we (i) (was folia) the will be with the will be with the will be will be with the will be will be with the will be will	ATTENDING -	MED STAFF DIRECTOR PHYS.	22c. DATE SIGNED
	O HOSPITAL OR ATTENDIN Page 4 may be retained by O FUNERAL DIRECTOR: Afferdirector, page 3 should be shauld be filed with the Sta		22d PHYSICIAN S NAME (Type)	vis M. Bun	dette 4 Huro	Va ST. Camb	ridge pol
	TO HOSPITAL OR Page 4 may be in O FUNERAL DIRE director, page 3 shauld be filed w	230	BURIAL, CREMATION, 23		OF CEMETERY OR CREMATORY	230 DOCATION (City or Town) Prooky, ew	((ounty) (State)
	VR A15 (4)	24	FUNERAL DIRECTOR of	loughly East	ESS Market 4250 RECO	BY REGISTRAR 256 REGISTR	AR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



				MARYLAND STATE DEPARTMENT OF HEALTH	
12	- 1		00018	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
62-1	as the	П	08314	CERTIFICATE OF DEATH	08306
ċ	- Siza	1	. DECEASED-NAME / Firs		2b. HOUR
eat			(Type or print) SOSE	bh Anthane Cyr Month 6)04/5-460r/9 M
after o	a de s		SEX Male	4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdgy) YR	F UNDER 1 YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN
24 hours after death.	in by ers. Po 72 hour		o BIRIHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED D	ter ma
within 2	ily filled oan pape within 73		O CHY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital profession) 12q LSUAL OCCUPATION (Kind of work dam profession) 12q LSUAL OCCUPATION (Kind of work dam) 12q LSUA	126 KIND OF BUSINESS OR INDUSTRY
/	and completely fii remove corban p in ony event, with		30. USUAL RESIDENCE (Where decedension) STATE	ased lived, if institution Residence before, 13c. (ITY OR TOWN) 13d INSIDE CITY UMITS? 13e STREET AND NUMBER 13b COUNTY ON 12 STREET AND NUMBER 3	
be exe	n and c se remo din ony		4 FATHERS NAME FIRST	Middle Lost 15 MOTHERS MATDEN NAME First Middle	in Knowy 1
fificote	hysiciai n pleos vol, anc		60. WAS DECEASED EVER IN U.S. AT Yes, no, or unknown) (If yes large	EMED FORCES? Suppror dates of service) 16b. SOCIAT SECURITY NO 17. INFORMANT 217-05-4668 1185 Sociation City Society 227-05-4668 185 Sociation City Society 185	ary met
1/2 2 low requires that the death certificate be executed	Page 4 may be retained by the hospital or oftending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by tadirector, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corban papers. Pagabould be filled with the State Dept. of Health prior to buriol, cremation, ar remaval, and in any event, within 72 hours		PART I. DEATH WAS CAUS	DUE TO OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BUTWEEN ONSET AND DEATH 2.0 A
s that #	ed by the ol-tronsit		Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.	(0)	toplereson
'requir	ng phys en signi e buric to buric			ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
The low	ospital or ottending certificate has been thed for use as the ot, of Heolth prior to	5 ,	196. DATE OF OPERATION 198	O. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ICIAN:	pital or rtificate d for u of Heol		DR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Day Yeor riner) P.M. 19	2, Item 18.)
PHYS	the hos this ce detoche e Dept.		While Not while of work	B. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town	County State
OR ATTENDING PHYSICIAN	Page 4 may be retained by the hospital or ottending physician. • FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriol-tron should be filed with the State Dept. of Health prior to buriol, cre.		22a. I certify that (I) (t saw the deceased causes stated above	his haspital) attended the deceased from 1963, ta 6 1963, ta 6 1963, alive an 6 1963, and that in (my) (aur) apinian death accurred an the ve, (I) (wa) (did not) view the bady after death.	19 <u>69</u> , that (I) (we) last date and haur and from the
OR AT	Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the	,	22b SIGNATURE		C. DATE SIGNED 6-16-69
O HOSPITAL	4 may IERAL I or, pag d be fil		22d. PHYSICIANS NAME (Type)	DAUManh Cambridge M	14
10 HO	Page Afrect Short		DRENGYAL (Specify) 6	Date 69 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (CUY OF TOMA) LOCATION (CUY OF TOMA) LOCATION (CUY OF TOMA)	Ket Dev (Shote)
	VR A15 (4) 30M REV. 1/68	f	24, FUNERAL DIRECTOR	longity court New Mar to a 1969 2 to REGISTRAR 256 REGISTRAR 256 REGISTRAR	R S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08315 CERTIFICATE OF DEATH 08307 death. be executed within 24 hours after death puo USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH a. COUNTY, MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, CITY OR TOWN (If outside cornorate limits, write RURA), and give negrest town) write RURAL and give nearest town) enva una d STREET ADDRESS B IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street andress) ON A FARM? YES 5 NO NAME OF Middle Lost 4 DATE Doy Yeor DECEASED OF DEATH (Type or pnnt) event, AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdovi Months Dovs Hours any WIDOWED DIVORCED ond 100 JSUAL OCCUPATION (Give kind of work done 12 CT ZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY 2 INDUSTRY please requires that the death certificate Aliss. Grane work attending physici permit. Then ple ion, or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) (If yes give wor or dates of service) VIEWNA INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (d) 1b), and (c)) signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stating the underlying couse the ìost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELEGITO THE TERMINAL DISEASE CONDITION GIVEN IN PART (c) PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate jo. 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18 etached to Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year Hour om. factory, street, office bldg , etc.) Not While at work of work 21. I certify that (1) (this hospital) attended the deceased from 1997, that (1) (we) last and that death occurred at on the date stated above sow the deceased alive an from causes and 220 SIGNATUR MED STAFF **ATTENDING** director, page 3 should be filed v PHYS 22d. ADDRES 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (Con or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF PREMATORY (County) (Stote) REMOVAL (Specify) uriak RECID BY REGISTRAR 2Sb. REGISTRAR & SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67



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MAKYLAND STATE DEPARTMENT OF HEALTH 08317 FOR STATE 08309 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT.) DECEASED-NAME Eirst Middle 20 DATE KNOWN Lost Month Doy Yeor 2b. HOUR (Type or Print) ESTI-Grace 5A .M Meekins Dunnock DEATH MATED 4 RACE S DATE OF BIRTH IF UNDER 24 HRS ony delay 3 SEX 6 AGE (In veers 2c DATE PRONOUNCED DEAD 2d, HOUR last bightday) /23/1908 F'e...ale Negro Day 10 Year O CYRS with the State Depart 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED 9 COUNTY OF DEATH ce alang with farm country) Md. Dorchester USA MIDOWED [DIVORCED [Give Pages 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 120 USUAL OCCUPATION (Kind of wark done 12b KIND OF BUSINESS OR g ve greet godress Lah during most of working ite, even firet red) Cambridge INDUSTRY BALTIMORE, Md. 130 USUAL RES DENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY L MITS? 13e STREET AND NUMBER 136 COUNTY Dor. odmission) STATE Md. Taylor's SYES NO 3 Kem 18. Feund 2 24 hours ofter 14 FATHER'S NAME First IS MOTHER'S MAIDEN NAME First M. ddle William Meekins Hennie Lake (= hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. -ADDRESS 301 W. PRESTON STREET, 17 INFORMANT Вох (Yes, no, or unknown) 219-16-8103 Arthur Dunnock Laylors Island File 72 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. APPROX.MATE INTERVA ransit permit. Fi DETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Congestive heart failure week DUE TO, OR AS A CONSEQUENCE OF burial transit Conditions if any, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF writing the ward ony stoting the under ying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(0) ar-remayal, and CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate. YES [7] NOK 21o EXTERNA, CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 216 TIME OF INJURY Month, Day Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form street, 21f LOCATION Street or R F.D. No. City or Town (ounty Stote foctory, office building, etc.) WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry and in my apinian death resulted from: Natural causes A Accident Suicide 🗌 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S lace Jr. ADDRESS(Street, city, town, or county) Cambridge. 230 BUR AL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Stote) REMOVAL (Specify) Jefferson Cemetery Burial Smithville, Dor. Md. 24 FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE St. Clair Funcral Est. Cambridge, Md. 1969



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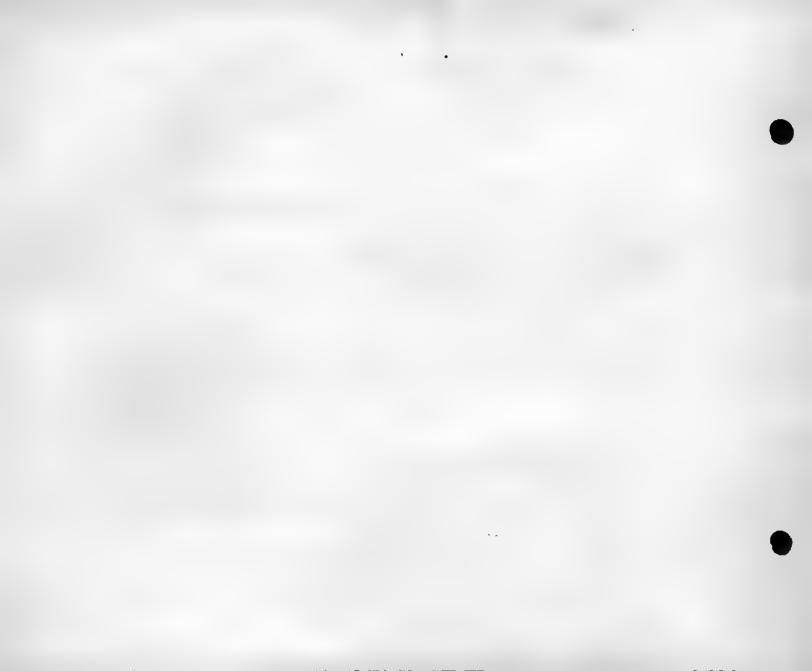
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the 4 st	ur fi	W		PLACE OF INJURY (/ ectory, office building	At home, form, street g, etc.)	, 21	f LOCATION Street or R	R.F.D. No.	City or Town	County	State	
bical EXAMINER: se execute the certi ector. Page 4 shaule	retained far your files. • DIRECTOR: Page 3 shoul or ta burial, crematian,		AT WORK AT WORK									
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_	MARYLAND STATE DEPARTMENT OF HEALTH			
-	08321 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
	CERTIFICATE OF DEATH	08313		
# -F #	DECEASED NAME First -Middle Last 2a DATE OF DEATH (Type or print) A Magnity D	2b. HOUR		
s after death. the funerol ages i ond 2 statter death.	(Type of photi) Mary Amelia Nitchens June Marth & Di	oy 69 Year 5-P M		
fur s l	SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years	IF UNDER EYEAR HE UNDER 24 HRS		
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and And and	To BIRTHPLACE (State or fare gn 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH			
hin 24 hours of fieled in by the popers. Page	MIDOWED DVORCED NOT Chester	ma.		
ond completely fiiled remove carbon pape in any event, within 77	0 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most af warking ife, eyen, firetired) Questing the firetine of the street address)	12b. KIND OF BUSINESS OR INDUSTRY		
tely with	COMMONIAGE BASTERN STOLE STALL NOSP KOLLINGE & ST	hirt Factory Emp		
equires that the death certificate be executed vehicles. Signed by the offending physician and complete burial-transit permit. Then please remove carburial, cremation, ar removal, and in any event,	30 SUMAL RESIDENCE (Where deceased lived) 1 institution. Residence before 135. CITY OR TOWN 136 MS.DE.CTY LMIS? 136 STREET OND NUMBER	4		
Se		aide Road		
ond rem	4 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Łast		
4 = 0 =	William Maddex Virginia Belle	McAllister_		
requires that the death certificate by physician. I signed by the offending physician is burial-tronsit permit. Then please be burial, cremation, ar removal, and in	16b. SOCIAL SECURITY NO 17 INFORMANT Mrs. Aline Crowley Address S Yes, no, or unknown (If yes give war or dottes of service) 215-18-4407 Medical Records ESSN. (ar	Salisbury, Md.		
ph)		APPROXIMATE INTERVAL		
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or o	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2.	Harn 193		
for fire		, Hein Ta.)		
YSIC ospi certi hed hed	GR CONTRIBUT MG CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Na. City or Town	County State		
OR ATTENDING PHYSICIAN: The low repertations by the hospitol or attending INEICTOR: After this certificate has been a 3 should be detached for use as the ed with the State Dept. of Health prior to	White Not work of work	COUNTY 31016		
NG Y th er t ote	22a. I certify that (1) (this haspital) attended the deceased from 7-20, 1963, to June 4, 19	0 & 9 that (1) (up) last		
	saw the deceased glive an Vane 3 1967, and that in (my) (quir) anisan death accurred on the d	late and have and from the		
ATTENE retoined CTOR: A should with the	causes stated above, Its (we) tale) laid not) view the bady after death.			
may be retoined RAL DIRECTOR: A page 3 should be filed with the		DATE SIGNED		
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ITAI moy tal.	22d PHYSICIAN'S NAME (Type) 22e ADDRESS			
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the				
D HC Page FU direct	30. BUR.AL, CREMATION, REMOVAL (Specify) 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)		
5 5 0 00	Ruria: June 8, 1969 Parsons Cemetery Salisbury.Wicom	nico, Maryland S SIGNATURE		
VR A15 (1)	1 1111 1 0 1000 (17)	Lan Joseph		
4 111 1 1 1 day 1	HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE IN 1989			



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9 10	I	tem6 Film G413	6/24/69 km			ESTON STREET, BAL ATE OF DEATH	HMUKE, M	AKYLAND 21	201	08314	, \$
offer death.		DECEASED NAME First Type or print) LEI	AND H.	M.ddle HUGHES		Last	2a. DATE (June	1 ^{Day}	1969	25 HOUR 3:40A
Is de la company	3 5	Male		hite		June 28, 1	921	6 AGE (n ye last author	YRS.	IF UNDER YEAR	HOURS MIN
in 24 hours filled in 19y papers hin 72 hours	เสเ	BIRTHPLACE (Stote or foreign ntry) Maryland	76 CITIZEN OF WHAT USA		WIDOWED [9 COUNTY C	F DEATH hester			Md
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 leage 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicien and completely filled in director, page 3 shauld be detached for use as the buriot-tronsit permit. Then alease remove carbon papers should be filled with the State Dept of Health priar to buriol, cremation, or removal, and in any event, within 72 is a should be filled with the State Dept of Health priar to buriol, cremation, or removal, and in any event, within 72 is a should be filled with the State Dept of Health priar to buriol, cremation, or removal, and in any event, within 72 is a should be detached for the state Dept of Health priar to buriol, cremation, or removal, and in any event, within 72 is a should be filled with the State Dept of Health priar to buriol, cremation, or removal, and in any event, within 72 is a should be detached for the state Dept of Health priar to buriol, cremation, or removal, and in any event, within 72 is a should be detached for the state Dept of Health priar to buriol, cremation, or removal, and in any event, within 72 is a should be detached for the state Dept of Health priar to buriol, cremation, or removal, and in any event, within 72 is a should be detached for the state of the state	MEDICAL CERTIFICAT ON	Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause (ost to immediate cause (o). PART 2 OTHER SIGNIFICANT CON Emphy sema 19a DATE OF OPERATION 19b 21a ACCIDENT WAS UNDERLYIN OR CONTR BUTING CAUSE OF DEAT (If either, notify medical examing 2 d INJURY OCCURRED While hot white of work of work of work 122a. I certify that (i) (this saw the deceased a courses stated above 22b significants NAME (Type) 22d PHYSICIAN'S NAME (Type) BUR AL CREMATION, 23b INMOVAL Specify)	DUE TO, OR AS A (b) DUE TO, OR AS A (c) IDITIONS CONTR.BUTIN COPORARY CONDITION FOR WHICH G 23b TIME OF IN HOUR A.M. A P.M. PLACE OF INJURY (AT OR IVE ON 6-14-14 IVE ON 6-14 IVE ON 6-14 IVE ON 6-14 IVE ON 6	ACUTE MY A CONSEQUENCE OF A CONSEQUENCE A CONSEQU	DI RELATED TO SEA SE, REFORMED 21c HOW 21c HOW 21c HOW 21c HOW 21c HOW COMPY) 21f LOCA Grand Bandy after de Church	Chronic pro 200 AUTOPSY? YES \(\text{NO} \) NO \(\text{NO} \) YINJURY OCCURRED (Ent.) ATTENDING \(\text{Phot in (my) (aur) apath.} \) ATTENDING \(\text{Phot in (my) (aur) apath.} \) ATTENDING \(\text{Phot in (my) (aur) apath.} \) 200 \(\text{Md.Ave} \) EMATORY \(\text{Yard} \)	condition Given by the Cause of	is . IF YES, WERE FINES OF DEATH? LITY IN PORT 1 or y or Town 6-15-69 accurred an	Port 2, In	NSIDERED IN CER em 18) County , that (e and haur as ate signed 16-69 Land 21 (County) , Md.	State (1) (we) last and fram the
TO HOSPII Poge 4 m V SA TO FUNER director, should b			17, 1969	23c NAME OF C		imaiory yard	23d LOCAT Andre BY REGISTRAR	ON (City or Taw ews, Dos	n) r. Co	(County)	(State)



		1	D.		D STATE DEPARTME				
			88323	IVISION OF VITAL RECORDS,	301 W. PRESTON STRE CERTIFICATE OF D		MARYLAND 21201	08315	
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	thot the death certifican. by the ottending physicansit permit Then placemayed,		IB. CAUSE OF DEATH (Enter only or	ne cause per line far (a), (b), and (c))			APPROXIMATE INTERVA BETWEEN ONSET AND DE	ATM
	eath endir nit or re		PART I. DEATH WAS CAUSED BY IMMEDIATE C	AUSE (a) Chronia Ca	erdine dang	estive F	eilure	ดาวส	KIII
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	O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Healt	MED		CE OF INJURY (AT HOME FARM, STREET, FAC		ar R.F.D. Na.	City or Town	Caunty Sta	ate
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	R ATTENI retained ECTOR: A 3 should with the		225/SIGNATURE	(we) (did) (did not) view the	oody after death	x			
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	moy be RAL DIR r, poge be filed		22d PHYSIC ANS	D Diamen M)	22e. ADDRE	SS			
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	TO HOSPITAL OR ATTEN Page 4 moy be retained TO FUNERAL DIRECTOR: director, page 3 should should be fried with the	230	BURIAL, CREMATION 23b. DAYE	169 23k NAME OF	CEMETERY OR CREMATORY	£ 23d, 29	CAT ON (City or Taken)	(Caunty) (State)	
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MARYLAND STATE DEPARTMENT OF HEALTH 08325 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08317 CERTIFICATE OF DEATH DECEASED-NAME First M ddle Lost 20 DATE OF DEATH 2b. HOUR (Type or print) MILDRED MILLS KEENE June 5:20AM 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF LINDSER 1 YEAR HE LINDER 24 HRS Female White last birthday) DAYS Dec. L5, 1898 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH (COUNTRY) Maryland Dorchester ban papers within 72 l USA WIDOWED X DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done law requires that the death certificate be executed within INDUSTRY Home 2b KIND OF BUSINESS OR give street address) during most of working life, even if retired)
Homemaker Cambridge Cambridge Md. Hospital 130 JSUAL RESIDENCE (Where deceased I ved if institution. Residence before odm ssion) STATE Maryland 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Dorchester NO X None and in any 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First tost Middle Lost Francis Mills Eugene Anna Leland 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) LeCompte Funeral Service records 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY: APPROXIMATE INTERVA BETWEEN ONSET AND CEATH IMMEDIATE CAUSE (6) CORONARY HEART DISEASE WITH CONGESTIVE FAILURE cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the burnal-transit p Conditions, if ony, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse; last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) EMPHYSEMA AND BRONCHO PNEUMONIA .90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES-WERE FINDINGS CONSIDERED IN CERTIFYING this certificate has CAUSES OF DEATH? YES I director, page 3 should be detached for use should be filed with the State Dept. of Health | NO I 210 ACCIDENT WAS UNDERLYING 216 TIME OF INIURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f EOCATION Street or R.F.D. No. City or Town Stote County While Not while of work **DIRECTOR:** After 22a | certify that (1) (this hospital) attended the deceased from 6-13-58 , 19 saw the deceased alive an 6-24-69 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated phave, (1) (we) (did) (gid not) view the bady ofter death. 226 SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED D RECTOR DESREE 6-27-69 Page 4 moy P 22e ADDRESS 200 Md.Ave., Cambridge, Md. 22d PHYSICIAN'S Albert E. Bunker, M.D. NAME (Type) 21613 23: NAME OF CEMETERY OF CREMATORY
Dorchester Memorial Park 230 BURIAL, CREMATION 23b. DATE 23d LOCATION (City or Town) (County) (Stote) Jun 28, 1969 BEMOVAL Specify) Cambridge, Maryland 0 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland Milwelly Judge



4-1	MARYLAND STATE DEPARTMENT OF HEALTH OODOC DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08318
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Year 2b. HOUR 9 25 4 19 69 12M
Parimeter San delay	Female White Feb. 21, 1880 6 AGE In years IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD Worlds PRS PRODUCED DEAD WORLD DAYS HOURS M.N. Month 6/Day 5	Year 1969 A2: M
form te Dep	70 BIRTHPLACE (State or foreign country) New York 75. CITIZEN OF WHAT COUNTRY? USA 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED DOTCHESTER	Md.
hours offer death and lem 18. Give Pages 1, 2, Office along with form Pland 2 with the State Depa offer death.	Cambridge give street address) DOA during most of working life, even if retired) Homemaker	125 KIND OF BUSINESS OR INDUSTRY Home
hours offer ltem 18. Give Office along 1 and 2 with th	13a USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN odmission) STATEMARY Land 13b. COUNTY Dorchester Cambridge YES NO X RFD No. 3	
24 hours in Item I r's Office es Tond 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Joshua Case Fannie Ann Jen	nks
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknown) (If yos gave was or dotes al service) 16b. SOCIAL SECURITY NO LeCompte Funeral Service records	3
xecuted nding" in Medical E permit. F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion UNITED TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Instalit
should be e he word "per to the Chief I buriol-tronsit	Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF	
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ا الله الله الله الله الله الله الله ال	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Part 2, Ite	20. AUTOPSY? YES NO X
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三 * 2 = 2 = 2	ZId INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 21f. LOCATION Street at R.F.D. No. City at Town	County State
DEPUTY DICAL EXAMINER: scessary, please execute the cert e funerol director. Page 4 shault may be retained for your files. FUNERAL DIRECTOR: Page 3 shau eolth_prior to burial, cremotion,	22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection _X], Inquiry death resulted from. Natural causes _X_, Accident, Suicide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER	
o DEPUTY necessary, please the funerol direct may be retain D FUNERAL DIRE Health, prior to	ACTUAL SIGNATURE EXAMINER'S ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO 6/6/	59
TO DEPUT necessary the funer 5 may be TO FUNER/ Heolth_p	The state of the s	(Caunty) (State)
VR A15ME (5) 0	24 FUNERAL DIRECTOR ADDRESS 250, REC D 89 REGISTRAR 256 REGISTRAR S S	





	1		08328	DIVISION OF V	ITAL RECORDS,	301 W. PR			E, MARYLAND 21	1201	0832	:n
	# 2 % B		CEASED-NAME First ype or prant) LIATY EN	MA	Middle PINKETT		lost		DATE OF DEATH UNE Month,	1989	Yeor	2b. HOUR
			X FEMALE	4. RACE NEG	ROID		S. DATE OF BIRT	H 5, 1882	6. AGE (In y last birthdo			IF UNDER 24 NRS.
	within 24 hours sly filled in by the control papers. Powithin 72 hours	ÇOUI	BIRTHPLACE (State or foreign nitry) MARYLAND	76. CITIZEN OF WHA USA		WIDOWED 7	NEVER MARRIE	D	UNITY OF DEATH ORCHESTER			Md
	vithin on the fill		TITY OR TOWN OF DEATH CAMBRIDGE	CAM MAS		. HOSP	., INC.	during LASBO	UPATION (Kind of wor working life, even if r	etired)	126. KIND OF B INDUSTRY	USINESS OR
	the deoth certificote be executed the offending physician and complessit permit. Then please remove to mation, or removal, and in any eventration.	odm	USUAL RESIDENCE (Where deceo	13b COUNTY DORC	n Residence before HESTER	CAMBR	IDGE Y	INZIDE CITY LIMITS?	701 ST.C	LAIR	AVE.	
			ATHER'S NAME First BEN	POSEY	PINDER		MOTHERS MAD			Aiddle	PINDER	Lost
			was deceased ever in u.s. ar es, no or unknown) (If yes give	rar or dates of service)	66. SOCIAL SECURITY N 2 <u>18-24-72</u>	1/1/1/1	FORMANT THERINE	BRYAN 7	11 HIGH SŤ	216		ATE INTERVAL
22		II0	1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIAL Conditions, if only, which gove to immediate couse (a) storing the undersying couse lost PART 2 OTHER SIGNIFICANT CO	D BY ATE CAUSE (a) Ure DUE TO, OR AS (b) Ca DUE TO, OR AS (c) Hyp ADITIONS CONTRIBUTION	mia A CONSEQUENCE OF rdiac Dec A CONSEQUENCE OF ertensive	ompensa arter	iosclere	DISEASE OR CONDITI)	2 Wee	PASO
N	In a stending to a stending to a stending to the stending to t	L CERTIFICATION	210 ACCIDENT WAS UNDERLYI	IG 215 TIME OF I			YES TO SOLUTION TO	NO 🔀	20b. IF YES, WERE FI CAUSES OF DEATH?			TIFYING
•	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-trans, should be filed with the State Dept. of Health prior to buriol, creating the contraction of the contraction o	MEDICAL	GR CONTRIBUTING CAUSE OF DEA (If either, notify medical exom 21d INJURY OCCURRED While Not while at work 22e. I certify that (!) (the saw the deceased accuses stated above 22b SIZMATURE 22d. PHYSICIANS NAME (Mae) ED-1	PLACE OF INJURY			y 24, that in (my) eath.	(aur) apinian MED DIRECTO	City or Town to June 7, death accurred ar STAFF PHYS	22c. 0/ Jui	e and haur a ATE SIGNED NO 21, .	L969
	TO HOSPITAL Page 4 moy Page 4 moy TO FUNERAL TO FUNERAL director, poi		REMOVAL (Specify)	112/69 12/69			LIONER 2		STRAR 256 REL	Wn) DOR., CHYRAR'S S		(Stote)



	1		08329	DIVISION O	F VITAL RECORDS,		EET, BALTIMO	RE MARYLAND 21201	0832	
		╙	<u>_</u>			CERTIFICATE OF I	DEATH		0002	A.
	funeral 1 and 2 receipent,		ECEASED-NAME First Type or print) M3	RTLE	Middle MAE	Lost REED	20	DATE OF DEATH O6 Month 19 Day	69 ^{Year}	2b. HOUR 9:40 _{AM}
	24 hours after death din by the funeral pers. Pages I and 272 hours offer death	3. 5	FEMALE	4. RACE	WHITE	S. DATE OF BIR 03-02		6 AGE (In years last birthday) 85 YRS	F JNDFR 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	in by the ers. Poges 2 hours off	70 (01)	BIRTHPLACE (State or foreign ntry)	76. CIT ZEN OF Y		8. MARRIED NEVER MARE	RIED 9. CC	DUNTY OF DEATH DORCHESTER		
	within within		CITY OR TOWN OF DEATH CAMBRIDGE	11 giv E.A	NAME OF HOSPITAL OR INS e street address) STERN SHORE	STATE HOSP.	12a USUAL OC	CUPATION (Kind of work done f work ng life, even if retired)	126 KIND OF INDUSTRY	BUSINESS OR
		13a adm	USUAL RESIDENCE (Where decear ssran) STATE MARYLANE	sed lived, if instit 13b COUNTY	ution Residence before	PRESTON	YES NO	13e STREET AND NUMBER NORTH MAIN S	TREET	· ·
	be executed ond comple e remove co	14	FATHER'S NAME First OSCAR	Middle	Last JANNEWE I	N MOTHER'S MA		Middle LLIE	CANN	Last
	hysicion n pleaso	160	WAS DECEASED EVER IN U.S. ARI (es, no or unknown) (If yos give v	MED FORCES? war or dates of service)	166 SOCIAL SECURITY I		Records,	Address ESSH, CAMBRIDG	E, Mo.	
1/4	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Page 4 may be retained by the hosp toll or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and compled director, page 3 should be detached for use as the buriol-transit permit. Then please remove a should be filed with the State Dept. of Health prior to buriol, are motion, or removal, and in any even	MEDICAL CERTIF CAT.ON	Canditians, if any, which gave rise to immediate couse (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (O) BILAT 19a. DATE OF OPERATION 19b 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (If either, natify medical examination of the course of the cour	D BY: ATE CAUSE (a) A DUE TO, OR (b) DUE TO, OR (c) NDITIONS CONTRIE ERAL PY CONDITION FOR W AG	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUTING TO DEATH BUT NO ELONEPHRITI OF INJURY Manth Doy Year AT HOME, FARM, STREET, FAC OFFICE BUILDING ETC. tended the decease 06-19-	ON LA COMPLICATION TRELATED TO THE TERMINAL S RFORMED 20a AUTOP YES [X] 21c. HOW INJURY OCCU TORY.) 21f LOCATION Street 2d fram 06-05- 969 and that in (rx	DISEASE OR CONDIT	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH? The of injury in Port 1 or Part P. I City or Town The control of the day	ONSIDERED IN (County 59, that te and haur	State
	TO HOSPITAL OR A Poge 4 may be ref TO FUNERAL DIREC director, page 3 s should be filed wi		22d PHYSICIAN'S NAME (Type) PETER	W. RIEC	KERT, M. D.	V NEARL PATERION () 22e ADDR	E - Ne	OR D STAFF D 06	ate signed 5-19-69	ley
	TO HOSPIT Poge 4 m TO FUNERA director, I should be	23a		DATE	1969 Silve	CEMETERY OR CREMATORY Erbrook Crema	tory W		(Caunty) 117are	(State)
	VR A15 (4) 45M - 1/69	24	FUNGRAL DIRECTOR	18m	Feeleral	. //	DATE UN 2	5 1969 256 REGISTRARS	SIGNATURE CON YOUR	ge -

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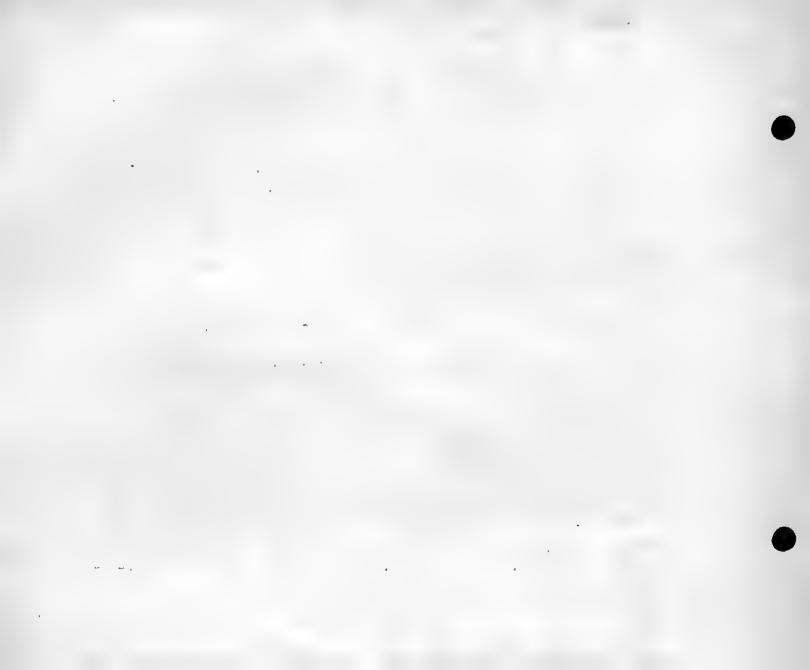


	1		08331	DIVISIO	N OF VITAL	RECORDS,	301 W. PI	RESTON ST	REET, BALT	IMORE, MAI	RYLAND 2	201	832	3
	-2±		ECEASED-NAME FI			Middle		Losi		20. DATE OF		-0-4	V	2b. HOUR
	er death. funeral ; 1 and 2 ter death.		Dear	*		zabet	n Ro	binsc		J	uno	r	1,48	
	haurs after of 150 cm start of	3 5	Female		ite			S. DATE OF E	3/1896		6. AGE (In y	eors (Y) YRS.	F JNDER 1 YEAR MONTHS DAY	
	4 have	(0)	BIRTHPLACE (State or foreign narry) irginia		OF WHAT COUNT		MIDOMED		RCED _		heate			Md
	vithin 2 san poly filler within		ambridge		11. NAME OF HO	SPITAL OR INST	Md. E	ot in hospitor	120 USU/	al occupation Business	(Kind of wor	k done elired)	12b. KIND INDUSTRY	OF BUSINESS OR
{	executed within 24 haurs after death, a completely filled in 15y the funeral emave carban paper. Pages 1 and 2 any event, within 72 hours after death	13o odn	JSUAL RESIDENCE (Where declission) STATE Md.	osed lived, if	institution Resid	lence before ter	13c CITY OR Andr		13d. INSIDE CITY U	IMITS? 13e STI	REET AND NUI	MBER		
/	any em a	14.	FATHER'S NAME First		Irddle	Lost		. MOTHER'S N	AAIDEN NAME F		h	liddfe		Lost
	n ar se r	L	Thomas		raham :				Sar	ah	El12		th N	forris
	tificate hysicia n plea val, an	160	. WAS DECEASED EVER IN U.S. A fes, no of unknown) (If yes or	RMED FORCES war or dates of s	1	IAL SECURITY NO -32-1		Mrs.	Wilson	n Wrot		dress ngr	ews N	Id. 21605
	ng p The	Г	18. CAUSE OF DEATH (Enter	only one cous	e per line for (o),	, (b), ond (c).)							APPR	OXIMATE INTERVAL N ONSET AND DEATH
	eath endi	L	PART I. DEATH WAS CAL	SED BY: DIATE CAUSE (o)Ch	ronic	hepat	itis					und	etermine
	he d ath perrian,	L	19.50	DUE 1	O, OR AS A CONS									
	at the main and th		Conditions, it ony, which gov rise to immediate cause (o).f		troabd	omina	<u>l carc</u>	inoma				und	etermined
0	equires the physician. signed by burial-trar burial, cre	П	stating the underlying coustast.	- DUE 1	O, DR AS A CONS									
12	requi		PART 2 OTHER SIGNIFICANT (-	ontributing to d roticeHe			THE TERMINA	AL DISEASE ORG	ONDITION GIVEN	I IN PART 1(o)		
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	cian: 1	MEDICAL CERT	210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF CO. (If either, notify medical exo.)	ING 21b.	TIME OF INJURY R A M. Month P M.	Doy Year	21c. HO	OW INJURY OC	_	r noture of injui	y in Port 1 o	Port 2,	tem 18)	
	PHYSION He hasp this cert etached	MED	21d. INJURY OCCURRED 2 While Not while 1	e. PLACE OF I	NJURY (AT HOME. F OFFICE BUIL	FARM, STREET, FACTI LIDING ETC.			eet or R.F.D. No.		or Town		County	Stote
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled-in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 has a should be filed with the State Dept.		22a. I certify that (I) (saw the deceased causes stated abo	this haspite alive an ve, (I) (we	al) attended th 6/15/69 (did) (did nat	he decease)) view the b	fram_2 , and adv after a	/3/69 I that in (n leath.	, 19 ny) (our) api	, ta(inian death o	5/15/6 occurred or	9_, 19, the da	, th	ot (I) (we) last or and fram the
	OR AT be retai DIRECTO e 3 sho ed with		22b. SIGNATURE	le.	MACLANIA	ment !	DEGR	EE PHYS	ING K D	AED.	STAFF PHYS.	22c. 1	DATE SIGNED 6/16	
	Page 4 may Iro Funeral Co Funeral Co Gurector, page should be file		22d. PHYSICIAN'S		Maryanov	7, M.D.				St.,Cam			. 2161	3
	Page / O FUN direct shoul	230		DATE		RC NAME OF C			mo to to	23d. LOCATIO			(County)	(Stote)
		24.	FUNERAL DIRECTOR	7 10/	1969 W	ADDRESS	ram1	TA CO	25q REC D B	Y REGISTRAR	25herRE(STRADE	SIGNATURE,	r Pid
	VR A15 (4) 30M REV.			C) (6/ Con	ambride	ge Md.	. 216	13	AMN 1	9 1969	MEXA	Corpe !	J,	Houle

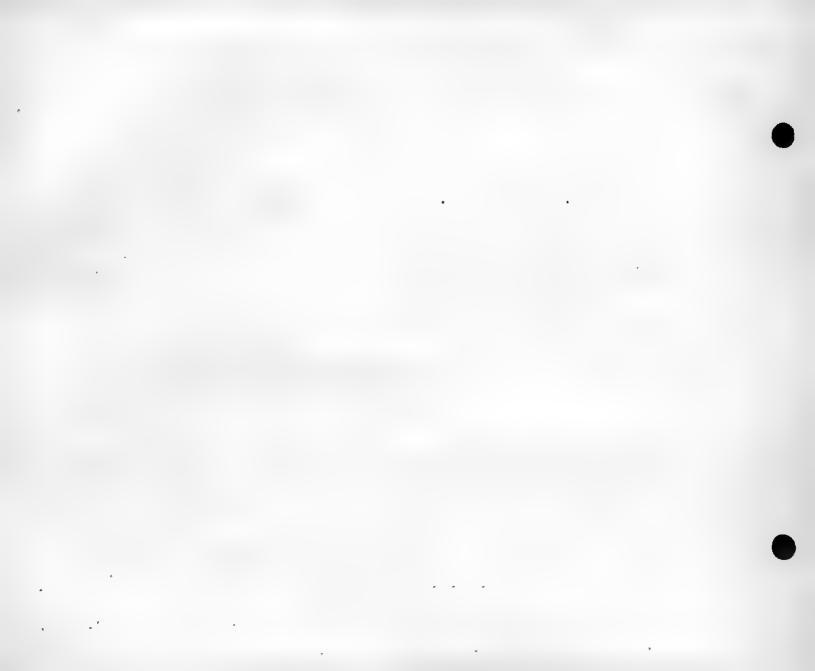
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1 /	MAKYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	18332 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8324
HEALTH DEPT.		
	(Type-omPrint)	Year 25. HOUR
deloy is nd 3 to 3. Poge	3 SEX 4 RACE S DATE OF BIRTH 16 AGE (In years I if UNDER YEAR I IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD	2d HOUR
deld 33.	last hathdraid MCMTUE PLAY MADE	ear 1969 13. A.M
any deloy is 1, 2, and 3 to m PM3. Page	70 BIRTHPLACE (Stote or foreign 76 CHT ZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	12 6 1 110 · H-11
- E - B	(COUNTRY) Md U. S.A. WIDOWED DIVORCED Dorchester	.M.
Pages 1,	10 CITY OR TOWN OF DEATH JI NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12e USUAL OCCLPATION (Kind of work done 12b K	IND OF BUSINESS OR
9 9 9	Cambridge Rastern Shore State Haspital Steam Engineer Uni	TRY HENOWN
Goive B	12- HICHAIL DEC DENIES (MA) A	
2 2 2	admission) STATE Md 1/36 COUNTY Somerset Crisfield YES NO 74 West Mary lo	and Ave.
Hours Item Office I and	14 FATHER'S NAME First Middle Lost I'S MOTHER'S MAIDEN NAME First Middle	Last
24 hours of in Item 18, r's Office free land 200 irs ofter dec	George H. Sheriff Laura A 1	walters
s certificate should be executed within 24 hours ofter death e, writing the word "pending" in pencil in Item 18. Give Pagi-forwarded to the Chief Medical Examiner's Office Congressition in sused as a buriol-transit permit. File pages land by the the statemoval, and in any event within 72 hours ofter death	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pd, or unknown) (If yes give wor or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS	*
with he with the same of the s	(195, pg. or unknown) (11 yes give war or dorles of service) Unknown Pt's hospital record - E.S.S. Ho.	PROXIMATE INTERVAL
should be executed will be word "pending" in perion to the Chief Medical Examburial-transit permit. File I'm any event within 72		BETWEEN ONSET AND GEATH
d ng d ng ledii serii	IMMEDIATE CAUSE (a) BILATERAL BRONGHOFNEOFIUNTA	
e e e pen pen sit	Conditions, if ony, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) (b) RECENT SOFTENING OF LEFT HEMISPHERE OF BRAIN	
Id b Id b Chir itron	nse to immed ate cause (a).	
should e word o the C ouriol-tr in ony	Inst	
The standard	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLEING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate writing the rwarded to see os on novel, and		
write were sed to sed t	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
A fee to fee fee fee fee fee fee fee fee fee fe	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18	AE2 💢 NO 🗀
KAMINER: This certificate should te the certificate, writing the word ge 4 should be forwarded to the Clour files. Oge 3 should be used as a buriot-tricemation, or removal, and in any)
INER: e certifi should files. 3 should	CAUSE OF DEATH P.M 19	
MIN Mind Mind Mind	21d INJURY OCCURRED 21e PLACE OF NJURY (At hame, farm, street, white not white factory, office building, etc.)	unty State
Se execute the cert extor. Poge 4 should ined for your files. ECTOR: Poge 3 should o buriol, cremation	AT WORK L AT WORK	
AL Description of the second o		ond in my opiniar
director efoined DIRECT	death resulted fram: Natural causes [3], Accident [], Suicide [], Hamicide [], Undetermined manner []	
directo directo	ACTUAL AND MISSISTER CHIEF MEDICAL EXAMINER 226 DATE SIGNEL	
MY, eroll be pri	SIGNATURE DESCRIPTION OF THE PROPERTY OF THE P	
o DEPUTY necessory, the funerol 5 may be i 0 FUNERAL	NAME (Type) F Name H C V of All ADRESS(Street, city, town, or county)	22
necessory, please execute the the funeral director. Page 4 sl 5 may be retained for your from to Funeral DIRECTOR: Page 3 Health prior to buriol, crema	230 BURIA, CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count	ty) (State)
0	Burial (Specify) July 2, 1969 Sunnyridge Cemetery Crisfield, Somerse	. ,
(")	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNAL	
VR A15ME (5) 325 10M REV 1, 68	Bradshaw & Sons, Crisfield, Md. 21817	and the



1 1		Item 6 Film G 414 7/2 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		08333 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08325
HEALTH DEPT		DEATH MATEU []	17- 69 11A _M
deloy	3 5	Male Negro 7/14/1894. 6 AGE (1774) IF UNDER 1 YEAR IF UNDER 24 HRS 24 DATE PRONOLINCED DEAD MONTHS DAYS MOURS MIN Month 6 Day 1	7 Yeor 969 17:17
If ony	(OJr	BIRTHPLACE (Stole or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED S. COUNTY OF DEATH VITY) Mary Land USA WIDOWED DIVORCED Dorchester	Md
BALTIMORE, Md. 2123- 24-hours after deoth If or in them 18. Give Pages 1, 2 5 Office olong with form: 53 15nd 2 with the State Dep	1	ity OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I fe, even if refired.) Cambridge 12 SJAL OCCUPATION (King of work done during most of working I fe, even if refired.) Laborer	12b KIND OF BUSINESS OR INDUSTRY
NORE, M rs after 18. Giv e olong 2.with t death.	13o o	USJA. RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY ON TOWN 13c INSIDER CITY ON 137 3e STREET AND NUMBER drussion) STATE Md. 13b COUNTY Dor. Cambridge YESZ NO 504 Dunn's	Court
BALTIMORE, Md 24 hours after d in term 18. Give rrs Office olong w es 1 ond 2 with the	14. (Payton
pooge hour		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (es. no. or unknown) (If yes gave war or dotes of service) 213-14-1121 Amey Stanley 513 Iluaris St.	
5, 301 W. PRESTON STREET shauld be executed with.r. he word "pending" in pendioto the Chief Medical Example burial-transit permit. File pain any event within 72 ha		18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Confestive heart failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ?
PRES in exect pending of Med in sit per went went went went went went went went		DUE TO, OR AS A CONSEQUENCE OF	
301 W nould be word the Chi		rse to immed ate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.	
ORDS, cate strong the sted to say the stand the stand to say the say t		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
IF VITAL RECORDS, 301 W. PRESTON : This certificate should be executed rifficote, writing the word "pending" in d be forworded to the Chief Medical Euld big used as a burial-transit permit. For removal, and in any event within	TEICAT ON	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO 🔀
<u> </u>	MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	Item 18.)
MEDICAL EXAMINER: sleose execute the certific director. Page 4 should estained for your files. DIRECTOR: Page 3 should it to buriol, cremation, o	WED	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while at work	County State
MEDICAL EXA MEDICAL EXA bleose execute director. Page etained for you DIRECTOR: Pag		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection _k, Inquiry [death resulted_tram: Natural causes K, Accident, Suicide, Hamicide Undetermined manne	
ITY MEDIC TY, please a retained be retained RAL DIRECT ADIRECT ADIRECT ADIRECT ADIRECT TO but to but the second and the second and the second and the second adirect adirect and the second adirect adirec		ACTUAL CHIEF MEDICAL EXAMINER CONTROL	TE SIGNED
DIVIS O DEPUTY MEDICAL EXAM necessory, please execute th the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page		MIGNATURE PROPERTY AND PROPERTY	21/69
TO DEPU necessor the func 5 moy b TO FUNE	230	BURIA, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town)	(County) (State)
VR A15ME		Burial 6/22/69 Bethel Cemetery Cambridge FUNERAL DIRECTOR ADDRESS 1250 RECU BY REGISTRAR 255 REGISTRAR 1 Clair Funeral Est. Cambridge 113 ON 30 1969	S SIGNATURE



1 19/	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		08334 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08327	
HEALTH DEPT.		DECEASED-NAME First Mode Lost 20 DATE KNOWN For Month Down Year 2h HO	<u></u>
≥ 2/8 % 5	(Type or Print) MA RY LUZANNA! TULL OF ESTI- DEATH MATED JUNE 15 19 69 10	M
deloy is and 3 to mend 3 to mend 3 to mend 3 to	3 5	EX 4 RACE S DATE OF BIRTH O AGE 10 years IF LINDER 1 YEAR IF LINDER 24 HRS 20 DATE PROMOUNCED DEAD 2d HO	8
	_	/ V 8/16/93 75 YRS JUNE 15 1801 19 69 10 7.	M
- 60		BIRTHPEACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
ooth lin farr		MARYLAND USA MINOWED DIVOKED DORCHESTER	Md
deoth Poges 1, with form	50 1	CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of working life, even if refired) CAMBRIDGE (RURAL) 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of working life, even if refired) EASTERN SHORE STATE HOSP. Clothing	
_ > m = /	130		
A STA	,,,,	Idmission) STATE, 136 (OUNTY 755 NO D	
Pours Office Jand 2		MARYLAND SOMERSET CRISFIELD X JACKSONVILLE FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	=
		William A. BRITTON Molly Wall Bridelle Wally	
hin 24 nctl in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO	_
within pencil Examine	L'	NO 215-05-8908 RECORDS OF THE EASTERN SHORE STATE HOSPITAL	
be executed with "pending" in pending in pending the pendical Examples ansit permit. File event within 72		B CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c)) PART I DEATH WAS CAUSED BY	
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e ex benc of M if M sit p		Conditions, if any, which gave	
d b d 'i Chie		rse ta immed ote couse (a). (b)	-
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N 00 0 = -		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	=
	_		
	FICATION	19d DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?	_
his certification of the forward be used of the tremoval of th	CERT F.	YES NO	
		210 EXTERNAL CAUSE WAS 2.6. T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 at Part 2, Item 18) PRIMARY OR CONTRIBUTING HOUR AM.	
NER e cer shoul files. 3 sho	MEDICA.	CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. Na City or Town County Stoty	
		WHILE AT WORK	1
		220. I certify that I look charge of the remains described above, held an Autopsy Inspection Inquiry ond in my apini	on.
		death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	011
please e director retained L DIRECTOR ION TO DIRECTOR DO TO TO DIRECTOR DO TO TO DO		CHIEF MEDICAL EXAMINER	
2		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	
DEPUTY ressary, F e funeral may be r FUNERAL rafth prior		EXAMPTOR'S DEPUTY MEDICAL EXAMINER O O O O O O O O O O O O O	_
	22.	MAME (Type) JOHN MACE M.D. ADDRESS(Street, city, town, or county)	_
5 5 5 × 5 ×		BURIAL (REMATION, PENOVAL (Specify) June 20, 1969 St. Peter's Cemetery Crisfield, Somerset, Md.	
1X		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256 REG STRAR S SIGNATURE	_
VR A15ME 17	B	radshaw & Sons, Crisfield, Md. 21817 Will 9 3 1959 William Vindage	
7	-		-



	08335	DIVISION		301 W. PRESTON STREET, BALLERTIFICATE OF DEATH		8328
L		WILLIAM	Middle Hubert	Lost TURLINGTON	2a. DATE OF DEATH 6 Month 25 Day	Yeo 69 9: 20
3	MALE	4. RACE	WHITE	S DATE OF BIRTH 08/07/86	6 AGE (In years last pathday)	F JNDER LYEAR IF UNDER 24 MONTHS DAYS HOURS
7	o B.RTHPŁACE (State or fore country) VIRGINIA		WHAT COUNTRY?	8. MARRIED NEVER MARRIED X WIDOWED D VORCED	9 COUNTY OF DEATH DORCHESTER	
8	O, CITY OR FOWN OF DEATH			STATE HOSP. during m	AL OCCUPATION (Kind of work dane nast of working life, even if retired)	126 KIND OF BUSINESS OF INDUSTRY
. 0		LAND 136 COUNT	WICOMICO		13e STREET AND NUMBER ROUTE 4, JOHN	SON ROAD
. [1	4 FATHER'S NAME FIRST	Madi Villi		15 MOTHER'S MAIDEN NAME TON ELLA		Lost TURLINGTON
1	160 WAS DECEASED EVER IN		16b SOCIAL SECURITY N	O. 17 INFORMANT	Address STERN SHORE STATE	
	Conditions, if any, which rise to immediate caustating the underlying last. PART 2 OTHER SIGNIFIC	S CAUSED BY: IMMEDIATE CAUSE (a) _ DUE TO, (h gave) se (a), cause (c)_ (c)_	OR AS A CONSEQUENCE OF	YELONEPHRITIS T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT WEEKS
	19a. DATE OF OPERATION 21a ACCIDENT WAS UN		WHICH OPERATION WAS PER	YES NO D	*	
	OR CONTRIBUTING CAUSE (If either, natify medical 21d NowRY OCCURRED	se of DEATH HOUR A P.	M. 19 RY AT HOME, FARM, STREET FACT		er noture of injury in Port 1 or Port 2 It	em 18.) Caunty Stot
	While Nat while at work 22a. I certify that saw the deced causes stated 22b SIGNATURE 22d PHYSICIAN'S NAME (Type) D F	Ar Da	office building, etc. attended the decease 15/25/15 ad) (did nat) view the b	d from 1/21 , 19_0 9, and that in (my) (aur) op ady after death. ATENDING 1/22e ADDRESS	68, ta 6/25 , 19 inion death accurred an the dat	69_, that (I) (we) e and hour and from ATE SIGNED E 26, 1969
2	3a BUR, AL, CREMATION BEMOYAL (Specify)	23b DATE	230 FAME OF C	EMETERY OR SEMATORY	230 .OCATON (City or Town)	(County) (State)
1 2	4 FUNERAL DIRECTOR	11/1/1	ADDRESS	250 REC'D	BY REGISTRAR 250 REGISTRAR'S S	IGNATURE.



			PEPARIMENT OF HEALTH	
1	DIVISION	OF VITAL RECORDS, 301 W. PR		ARYLAND 21201
	48330	CERTIFICA	ATE OF DEATH	08329
death.	TOPECEASED NAME (Type or print) William	Seward	Wheatley 20. DATE	DE DEATH BOAY 2 Year 69 26. HOUR 3 A. M.
the the state of t	3 SEX Male, 4 RACE		09-29-87	6. AGE (In years FUNDER I YEAR IF DINDER 24 HRS last burthday) MONTHS DAYS MOURS MIN
Per		F WHAT COUNTRY? B MARRIED	NEVER MARRIED 9 COUNTY	
d in Pers	country) Mary/and 4,	S. A. WIDOWED		Dorchesterma
within pa	10 CITY OF TOWN OF DEATH	I NAME OF HOSPITAL OR INSTITUTION (If not street address) Tastern Shore Sta	te Hospital 120 JSVAL OCCUPATION during most of working	g rife, even if retired) INDUSTRY •
requires that the death certificate be executed within 24 haurs g physician. signed by the attending physician and competely filled in by a burial-transit permit Then please remove carban papers. Pa burial, cremation, ar removal, and in any event, within 72 hours	13a LSUAL RESIDENCE (Where defeosed lived, if no odmission) STATE 13b COUN	stitution Residence before 13c (TY OR T		STREET AND NUMBER (M.)
ond co	14 FATHER'S NAME First Midd		MOTHERS MAIDEN NAME FIRST	Middle Last
ion case	16g WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO / 17 IN	FORMANT HALON	ad While Meatley
physic	Yes, no ar unknown) (It yes give was or dotes at service	219-36-7297 Pt.	's hospital secon	1 - Lastern Shore State thes
eath ce inding ar rem	18 CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	er ne far (a), (b), and (c)) MACIGNAUT NET	PLASM & PROS	TATE (185) APPROXIMATE INTERVAL BETTYPEN ONSET AND DEATH LVA. 5
affe permion,	185 X	or as a consequence of		
rat til	use to unusquote coose (a).		NCHOPNEUMON I A	
os the citizen of by the fire of the by the	stoting the underlying couse DUE TO,	OR AS A CONSEQUENCE OF	. 1	
quire phys igne ouria	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT KELATED TO	THE ERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a) (4-37)
to he ing	= NON-PSYCHOTIC	ORGANIC BRAGA	DUFAIF ASS'D	With CEREBRAY APTERIOSCIPES
e law tendin is bee os th prior t	196. DATE OF OPERATION 196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	CALC	IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The rather of the pure of the	21g. ACCIDENT WAS UNDERLYING 121b. TIM	TO A MARIEN	JE2 MO	187
PHYSICIAN: he hospital or his certificate stached far u Dept. of Heal	GOR CONTRIBUTING CAUSE OF CEATH HOUR A	LM Manth Day Year LM. 19	V INJURY OCCURRED (Enter nature af in	ury in Part 1 ar Port 25 Item 18)
JING PHYSICIAN: The law requires the by the haspital or attending physician. The this certificate has been signed by be detached for use as the burial-traistate Dept. of Health priar to burial, cre	21d INJURY OCCURRED 21e. PLACE OF INJU While at wark 21 wark	OFFICE BUILDING, ETC		y ar Town County State
by t by t (fter be c State	220. I certify that ((this hospital)	attended the deceased from	03 - 21, 19 69, to_	O6-02, 19/9, that (4 (we) lost occurred an the date and hour and from the
TENI ined ould	couses stated obave, (# (we) (c	lid) (did not) view the body ofter de	mar in (ms/) (our) apinian death eath	occurred an the date and hour and from the
OR ATTENDING be retained by the DIRECTOR: After ite 3 should be d ed with the State	226 SIGNATURE Worrald A 10	Calcal nD DEGREE	ATTENDING MED MED D RECTOR	STAFF 22c. DATE SIGNED PHYS \(\sigma - 2 - 6 \)
TO HOSPITAL Page 4 may b TO FUNERAL D director, page should be file	22d PHYSICIAN'S NAME (Type) DONALD	A. KELLOGG	/ 22e ADDRESS EASTERN SH	ORE STATE HOSPITAL
HOSI ge 4 FUNE recto	230 BURIAL, CREMATION, 230 DATE	23c. NAME OF CEMETERY OR CO	REMATORY 23d LOCAT	JON (City ar Town) (Caunty) (State)
5		0/ 0/ 0	emetery SIL	LOAM WIC, Md,
VR A15 19 45M - 1 39M	24. FUNERAL DIRECTOR HILL FUNERAL HOM	e SALISOUPY, M	DANUN 5 19	25b REG STRARS SIGNATURE
1211	HILL DIVCINE HOM	C -4113001. 9, 14	U DANGOTT O TO	00



	000	200	DIVISION				MENI UF HEA	RE, MARYLAND 21:	301	
*	085	37	DIVISION	OF WHAT KEEDS		CATE OF		KE, MAKTLAND 21	08331)
death. nerol and 2 death	1 DECEASED NAMI (Type or print)	First MA I	RIE	M. ddle FRAZIER	WILLEY	Lost	20	o. DATE OF DEATH Month June	30° 1969	2b HOUR
toffer death the Lineral Gos I and is after death		male	4 RACE	White		July	3, 1902	6 AGE (In year last burbday	OFS IF UNDER YEAR	IF UNOFR 24 HRS HOURS MAN
nt 24 hours.	70 BIRTHPLACE (S	land		F WHAT COUNTRY? USA	WIDOWED			ounty of DEATH orchester		Md
信 にまする	10. CITY OR TOWN	idge	9	1. NAME OF HOSPITAL (live street oddress) Cambridge	Md. Hos	pital	during most of	CCUPATION (Kind of work f working life, even if ret memaker	done 12b. KIND OF (INDUSTRY Horne	BUSINESS OR
\	odm ssion) STAT	laryland	13b COUN	ntution Residence be Dorcheste:	fore 13c (TY OF r Cambr:		AEZOT NO	404 Ceda:		
ate be exercion and α lease rema	14 FATHER'S NAM	John	M.dd	Frazi	er		IAIDEN NAME First	ossie	ddie Warfie	eld
rtificate physicio en plea oval, an	Yes, Do. or unki	D EVER IN U.S. AR!	AED FORCES? yar or dates of service	166 SOCIAL SECU		INFORMANT Compte	Funeral	Service red	cords	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed Poge 4 may be retained by the haspitol or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and comparients, page 3 should be detached for use os the buriot-transit permit. Then please remave constructor, page 3 should be detached for use os the buriot-transit permit. Then please remave constructor and the state Dept. of Health prior to buriot, cremation, or removal, and in any even	18. CAUSE (PART 1 Tonditions, rise to imm storing the lost PART 2 OTH- NOTIFIED TO ACCIDE! The DATE OF THE CONTRIBUTION OF	F DEATH (Enter on DEATH WAS CAUSE) IMMEDIA Only, which gove odd of a cause (o), anderlying couse (o). FR SIGNIFICANT COMPANY (o) FR SIGNIFICANT (o) FR SIGNIFI	DO BY ATE CAUSE (6) DUE TO. (b) DUE TO. (c) IDITIONS CONTR CONDITION FOR HOUR A HOUR A HOUR A P. PLACE OF INJUI IN (we) (a	OR AS A CONSEQUENCE RIBUTING TO DEATH 8 WHICH OPERATION W. W. WHICH OPERATION W. W	eased from the body after a concentration of the co	OTHE TERMINA OF THE TERMINA	INDUSTRIESS AD AL DISEASE OR CONDITION OPSY? NO DECEMBED (Enter note) op 19 69 Opy) (our) opinion NG MED DIRECTO PRESS FUY UVA 1236	TION GIVEN IN PART JOS TOON GIVEN IN PART JOS TOO IT STAFF TO TOWN TO TOWN STAFF TO CAMBRIDGE G SISTRAR 256 REGIS TOWN TO TOWN T	APPROXIMATION OF SCHOOL BITWEEN OF SCHOOL SC	Stote



1		IND STATE DEPARTMENT OF HEA S, 301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	
death.	DECEASED-NAME (Type or print) KATIE M. WIRZ		June 8 Doy 1969 22 Hour 5:10
	Female 4. RACE White	5. DATE OF BIRTH May 25, 1881	6. AGE (In years If Under 1 year If Under 24 Hrs. 1988 YRS.
in in in	o. BIRTHPLACE (State or foreign ountry) Maryland USA		DUNTY OF DEATH Dorchester
₹ 0 × 0 5	Cambridge Cambridge N	Id. Hospital during most of Home	CUPATION (Kind of work dane f working life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY HOME
Sve cart	to USUAL RESIDENCE (Where deceosed lived, if institution: Residence before mission) STATE Maryland 13b. COUNTY Dorchester	e 13c CITY OR TOWN 13d INSIDE CITY LIMITS? • Cambridge YES X NO	13e. STREET AND NUMBER 102 Rambler Road
Aug ui puo	I. FATHER'S NAME First Middle Last John Johnson		Middle Last Vania Jones
- N	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng, or unknown) (Il yes give wor or dates of service)	Y NO. 17. INFORMANT LeCompte Funeral	Service records
signed by me arenaing burial-transit permit. It burial, crematian, ar rem	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE of the control of the cause (a), and the underlying cause (a). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	leni felente	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH CVD TION GIVEN IN PART 1(0)
State Dept. of Health prior to	190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY? YES \(\square\) NO \(\sqrt{N} \)	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AFDICAL CE	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Ye (If either, notify medicol exominer)	or 19	ure of injury in Part 1 or Port 2, Item 18.)
right and min in a state of the	21d. INJURY OCCURRED While Nat while of twork at work at work at work 22a. I certify that (I) (this haspital) attended the deceased alive on causes stated above, (I) (we) (did) (did not) view the 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	_19 6 7 and that in (my) (our) opinion	deoth occurred on the date and hour and from the
	Burian Jun 11, 1969 Green	lawn Cemetery	d. LOCATION (City or Town) (County) (Stote) Ca mbridge, Maryland
RD Z	4 FUNERAL DIRECTOR LeCompte Funeral Service, Cambrid	ige, Maryland 250. RECD BY REC	GISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE		08335	PISIAISI				CERTIFIC		200	MUN Z12	201	0	02	20	
H DEPT.	1. DECEASED-NAME					Middle	AINER'S CERTIFICATE OF DEATH			2a. DATE KNOWN Manth Doy Year 2b. H					AL UDUE
II DEFT.		ype ar Print)		MER	OSWA		YOU			OF.	ESTI-	-		169	2b. HOUR
intreent of	3. SE	v	4. RACE		OF BIRTH	6. AGE (In			R 24 HRS.		MATED RONOUNCE		24	1909	
	M.	ale	Negro	100.001111	il 2,192	Lest birth	eura -	DAYS HOURS	MIN,	Mograph	ine	DOX4	Yeo	or 19 69	24 HOUR 2:30
)		Marylar		76. CITIZEN US	OF WHAT COUNTR	Y? 8.	MARRIED NEW	VER MARRIED DIVORCED	9. COL	INTY OF DE	ath rches	ster			N
10	70.00	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital accupation (Kind of work done 12b. Kind of Business or dried in the state of the stat													
Une / 9	130.	USUAL RESIDENC mission) [- STATE	E (Where dece yland	osed lived, if 13b. CQL	institution: Resid	ence before 13c	CITY OR TOWN Hurlock	YES	NO 3		TAND NUN		lox 1	.13	
s offer			First i 11 i am		Middle Young	last	15. MOTHER	R'S MAIDEN NAM			Mi	ddle Farr	are	lost	
72 hours	16a. \ (Yi	AS DECEASED EA	ER IN U.S. ARME n) (If yes g	D FORCES?		L SECURITY NO. - 18-843(17. INFORMAN Lena 1	n M. Youn	g, Hu	rlock	ADDRE , Mai		d, R	FD	
		18. CAUSE OF	DEATH (Enter	only one cous	e per line for (o),	(b), and (c).)								APPROXIMATE I	
		PART I. D	EATH WAS CAU IMMEI	SED BY: DIATE CAUSE (c	, D-	wo	niu	4							
		954	X	,	TO, OR AS A CONS	EQUENCE OF		V							
event within		Carditions, if or			0)										
in ony (stoting the un	derlying cause	DUE	TO, OR AS A CONS	EQUENCE OF									
-		lost.)	()										
		PART 2, OTHER S	IGNIFICANT CO	IDITIONS CON	TRIBUTING TO DEA	TH BUT NOT REL	ATED TO THE TERM	IINAL DISEASE OF	CONDITIO	ON GIVEN IN	PART 1(o)				
1	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION								20	AUTOPSY?)			
	TIFIC	WAS PERFORMED?									YES Y	NO [
	MEDICAL CER	21a. EXTERNAL C PRIMARY OF CAUSE OF DEATH	CONTRIBUTING		IME OF INJURY Mon OUR A.M. P.M.	th, Day, Year	21c. HOW INJ	URY OCCURRED (Enter notu	re af injury	in Port 1 c	or Port 2, I	tem 18.)		
	MEC	21d. INJURY OCC	URRED 216	. PLACE OF IN factory, affice	JURY (At home, fo building, etc.)	rm, street,	21f. LOCATION	Street or R.F.D. N	lo.	City	ar Town		Count	ly	State
				took chora	e of the remoir	s described o	bove, held an	Autopsy 🖸	Ins	spection [l. In	quiry [7, 0	nd in my	opinio
			sulted from:		l couses .	Accident [ermined				
			1		,	D		CHIEF MEDICA							
		ACTUAL SIGNATURE	de l	1.1	This.	0/52	MD MD	1001071110 14		1	3	22b. DATE			
			~ 1		1	1	M.U	DEPUTY MEDI				.6-	- 21	4.6	0
	C	EXAMINER'S NAME (Type)	Per	W. H	Liech	1224	E-	DOKES STOR			tyle &	Ud			
	23a	BURIAL, CREMAT		b. DATE	230	. NAME OF CEM	ETERY OR CREMAT	ORY	23d.	LOCATION	(City or Tax		(County)		ate)
1		REMOYAL LE PEC	(Y) J	une 28	,1969 E	ast New	v Market	Cemeter	ry E	ast N	ew Ma	arket	. Md		
X		FUNERAL DIRECTO	or /pour	u fran	usitores.	ADDRESS		25o. RE	C'D BY RE	GISTRAR	25b. RE	GISTRAR'S	SIGNATUR	RE	
10	F	camptom	Funera	1 Home	, Feder	Isburg	Maryla	nd DATE J	UN 3	0 19	58 4	Cles	relay.	Junda	de :

MAKILAND STATE DEPARTMENT OF HEALTH

